

MISSOURI DEPARTMENT OF NATURAL RESOURCES STATE HISTORIC PRESERVATION OFFICE

SECTION 106 PROJECT INFORMATION FORM

Submission of a completed Project Information Form with adequate information and attachments constitutes a request for review pursuant to Section 106 of the National Historic Preservation Act of 1966 (as amended). We reserve the right to request more information. **Please refer to the CHECKLIST on Page 2 to ensure that all basic information relevant to the project has been included.** For further information, refer to our Web site at: http://www.dur.state.mo.us/shpp.and.follow.the links to Section 106 Review.

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NOTE: Section 106 regulations provide for a 30-day response time by the Missouri State Historic Preservation Office from the date of receipt.			
PROJECT NAME			
FEDERAL AGENCY PROVIDING FUNDS, LICENSE, OR PERMIT DED Certified Sites Program			
APPLICANT	TELEPHONE		
CONTACT PERSON	TELEPHONE		
ADDRESS FOR RESPONSE			
	•		
LOCATION OF PROJECT			
COUNTY:			
STREET ADDRESS:	CITY:		
GIVE LEGAL DESCRIPTION OF PROJECT AREA (TOWNSHIP, RANGE, SECTION, 1/4 SECTION, ETC.)			
*USGS TOPOGRAPHIC MAP QUADRANGLE NAME			
*USGS TOPOGRAPHIC MAP QUADRANGLE NAME RANGE: RANGE:			
YEAR: TOWNSHIP: RANGE:*SEE MAP REQUIREMENTS ON PAGE 2			
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ARCHAFOLOGY (Farthmoving A	·tivifies)		
ARCHAEOLOGY (Earthmoving Activities) Has the ground involved been graded, built on, borrowed, or otherwise disturbed? • Please describe in detail: (Use additional pages, if necessary.) Photographs are helpful.			
Will the project require fill material?	Yes No		
 Indicate proposed borrow areas Are you aware of archaeological site 	s (source of fill material) on topogra es on or adiacent to project area?	Yes No	
If yes, identify them on the topo			
STRUCTURES (Rehabilitation, Demolition, Additions to, or Construction near existing structures)			
To the best of your knowledge, is the An Area Previously Surveyelf yes, please provide the name of the surveyelf yes, please provide the name of the surveyed the surveyed to the surveyed tof	d for Historic Properties A	owing? National Register District	
 Please provide photographs of all structures, see photography requirements. NOTE: All photographs should be labeled and keyed to one map of the project area. Please provide a brief history of the building(s), including construction dates and building uses. (Use additional pages, if 			
necessary.)			
ADDITIONAL REQUIREMENTS			
Map Requirements: Attach a copy of the relevant portion (8½ x 11) of the current USGS 7.5 min. topographic map <u>and</u> , if necessary, a large scale project map. Please do not send an individual map with each structure or site. While an original map is preferable, a good copy is acceptable. USGS 7.5 min. topographic maps may be ordered from Geological Survey and Resource Assessment Division, Department of Natural Resources, 111 Fairground, Rolla, MO 65402, Telephone: (573) 368-2125, or printed from the website http://www.topozone.com.			
Photography Requirements: Clear black & white or color photographs on photographic paper (minimum 3" x 5") are acceptable. Polariods, photocopies, emailed, or faxed photographs are not acceptable. Good quality photographs are important for expeditious project review. Photographs of neighboring or nearby buildings are also helpful. All photographs should be labeled and keyed to one map of the project area.			
CHECKLIST: Did you provide the following information?			
Topographic map 7.5 min. (per p	project, not structure)	Other supporting documents (If necessary to explain the project)	
Thorough description (all project	ts)	For new construction, rehabilitations, etc., attach work write-ups, plans, drawings, etc.	
Photographs (all structures)		Is topographic map identified by quadrangle and year?	
	Return this Form and Attachments to:		
MISSOURI DEPARTMENT OF NATURAL RESOURCES STATE HISTORIC PRESERVATION OFFICE Attn: Section 106 Review P.O. BOX 176			
	JEFFERSON CITY, MISSOURI 6	31V2-V1/6	